

March 1999

## IMPORT HEALTH REQUIREMENTS OF BRAZIL FOR BOVINE SEMEN EXPORTED FROM THE UNITED STATES

The semen must be accompanied by a U.S. Origin Health Certificate issued by a veterinarian authorized by the U.S. Department of Agriculture (USDA) and endorsed by a Veterinary Services (VS) veterinarian. The certificate shall contain the name and address of both the consignor and consignee and complete identification of the semen to be exported. Additional information shall include:

### CERTIFICATION STATEMENTS

1. At the time of semen collection, the donor bulls were free from clinical evidence of infectious and parasitic diseases, including infectious bovine rhinotracheitis (IBR), tuberculosis, paratuberculosis, enzootic bovine leukosis, brucellosis, vibriosis, trichomoniasis, leptospirosis, and bovine virus diarrhea (BVD).
2. The artificial insemination (AI) center from which the semen originated, has been clinically free of the above mentioned diseases during the 2 years prior to semen collection. There have also been no outbreaks of the following diseases: malignant catarrhal fever, coital exanthema, pseudorabies, bluetongue, Q fever, and African swine fever during the same period.
3. The donors were, at the time of semen collection, part of the resident herd at a semen collection center which complies with Certified Semen Services (CSS) minimum requirements for disease control of semen produced for artificial insemination (AI) or their equivalent.
4. The donors were tested and examined prior to entry, during isolation before entering the resident herd, and before semen release for tuberculosis, brucellosis, leptospirosis, bovine viral diarrhea virus, bovine genital campylobacteriosis, and trichomoniasis in accordance with the CSS requirements and found free from these diseases.
5. If exporting heterospermic products, the all donors have met the health conditions outlined in Certification Statements 1 - 4 and have met the testing conditions specified under Test Requirements.

### TEST REQUIREMENTS

The donor bulls were negative to the following tests within the 6 months prior or 6 months after semen collection for export, except the fecal culture test for paratuberculosis which is valid for 12

months:

1. Brucellosis: SPT/SST; ELISA OR Complement Fixation (CF)
2. Tuberculosis: intradermal caudal fold test using bovine PPD tuberculin.
3. Leptospirosis: microtiter agglutination test, at the 1:400 dilution for serotypes *L. canicola*, *L. grippotyphosa*, *L. hardjo*, *L. pomona*, and *L. icterohaemorrhagiae*.
4. Trichomoniasis: Culture
5. Vibriosis/Campylobacteriosis: Culture
6. Paratuberculosis: intradermal caudal fold test using johnin OR a complement-fixation test at the 1:8 dilution OR a fecal culture test.

#### OTHER INFORMATION

1. If a donor bull remains in an AI center continuously, it must be tested every 6 months for the diseases mentioned under test requirements above, except for the paratuberculosis fecal culture test which can be conducted once every 12 months.
2. Brazil requires health certificates to be stamped by their Consular office.

Health Certificate No. \_\_\_\_\_  
(Valid Only if the USDA Veterinary  
Seal Appears Over the Certificate #)

HEALTH CERTIFICATE FOR EXPORTATION OF BOVINE SEMEN  
TO BRAZIL FROM THE UNITED STATES

I. Donor Animal and Semen Identification:

Names of Donor Bulls			Official Identi- fication	Number of Units	Dates of Col- lection	Col- lection Codes
Breed Age						

II. Name and Address of AI Center: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Consignor \_\_\_\_\_  
Place of shipment: \_\_\_\_\_

III. Destination of the Semen: \_\_\_\_\_  
Means of Conveyance: \_\_\_\_\_  
Name and Address of Consignee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Health Data

A. CERTIFICATION STATEMENTS:

The undersigned official accredited veterinarian hereby certifies the following in relation to the bulls described above:

1. At the time of semen collection, the donor bulls were free from clinical evidence of infectious and parasitic diseases, including infectious bovine rhinotracheitis (IBR), tuberculosis, paratuberculosis, enzootic bovine leukosis, brucellosis, vibriosis, trichomoniasis, leptospirosis, and bovine virus diarrhea (BVD).
2. The artificial insemination (AI) center from which the semen originated, has been clinically

Health Certificate No. \_\_\_\_\_  
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free of the above mentioned diseases during the 2 years prior to semen collection. There have also been no outbreaks of the following diseases: malignant catarrhal fever, coital exanthema, pseudorabies, bluetongue, Q fever, and African swine fever during the same period.

3. The donors were, at the time of semen collection, part of the resident herd at a semen collection center which complies with Certified Semen Services (CSS) minimum requirements for disease control of semen produced for artificial insemination (AI) or their equivalent.
4. The donors were tested and examined prior to entry, during isolation before entering the resident herd, and before semen release for tuberculosis, brucellosis, leptospirosis, bovine viral diarrhea virus, bovine genital campylobacteriosis, and trichomoniasis in accordance with the CSS requirements and found free from these diseases.
5. If exporting heterospermic products, the all donors have met the health conditions outlined in Certification Statements 1 - 4 and have met the testing conditions specified under Test Requirements.

B. TESTING

The donor bull was submitted to the following tests before introduction into the AI center and the tests are repeated every 6 months (within 6 months prior or within 6 months after semen collection, except for paratuberculosis which is conducted every 12 months) with negative results:

DISEASE	TEST	DATES
Brucellosis:	SPT/STT, ELISA OR*Complement fixation (CF) test at 1:10	_____
Tuberculosis:	Intradermal test in caudal fold with bovine PPD tuberculin	_____
		-
Trichomoniasis:	Culture	_____
Campylobacteriosis:	Culture	_____

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Leptospirosis	Microtiter agglutination test @ 1:400	_____
Serotypes:	<i>canicola,, grippotyphosa, hardjo, pomona, and icterohaemorrhagiae.</i>	
Paratuberculosis:	*Fecal culture	_____
OR	*Intradermal johnin	_____
OR	*CF test at 1:8	_____

\_\_\_\_\_  
Type or Print - Name of Endorsing Federal Veterinarian

\_\_\_\_\_  
Signature - Endorsing Federal Veterinarian  
(Valid only if USDA Veterinary Seal appears over the signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type of Print Name and Address of Issuing Accredited Veterinarian

\_\_\_\_\_  
Signature - Accredited Veterinarian

\_\_\_\_\_  
Date

\*Delete tests not applicable